

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER FORM</b>				DUE DATE:	
Please Read Instructions on Page 2.					
<b>1. REQUESTOR'S INFORMATION:</b>		NAME <b>Robert Cahill (Counsel for Plaintiffs)</b>		TELEPHONE NUMBER <b>703-456-8145</b>	
DATE OF REQUEST <b>6/11/2020</b>		EMAIL ADDRESS (Transcript will be emailed to this address.) <b>rcahill@cooley.com; ebolton@cooley.com</b>			
MAILING ADDRESS <b>Cooley LLP, 11951 Freedom Drive, 14 th Floor</b>				CITY, STATE, ZIP CODE <b>Reston, VA 20190</b>	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER <b>Judy Webb</b> OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER <b>3:17-cv-00072</b>		CASE NAME <b>Sines, et al. v. Kessler, et al.</b>		JUDGE'S NAME <b>Joel C. Hoppe</b>	
DATE(S) OF PROCEEDING(S) <b>6/11/2020</b>		TYPE OF PROCEEDING(S) <b>Telephonic Motion Hearing</b>		LOCATION OF PROCEEDING <b>Charlottesville, VA</b>	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable):					
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)					
<input type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input checked="" type="checkbox"/> 3-Day					
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE <b>6/11/2020</b>		SIGNATURE <b>/s/ Robert T. Cahill</b>			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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